

SECTION OVERVIEW

This section focuses on the actual delivery of treatment services to the family. The information in this section will assist staff in understanding procedures used throughout the entire service delivery process, from opening to termination. Including other professionals in the service delivery process is often vital for improved family functioning. This section will provide procedures for accessing and utilizing contracted services. Another important aspect of the service delivery process includes case evaluation and clinical supervision. Information pertaining to these topics can also be found in this section.

CHAPTER OVERVIEW

This chapter covers information pertaining to the five (5) types of family situations in which the Division will provide treatment sources.

- 1.1 Preponderance of Evidence
- 1.2 Preventive Services Cases
- 1.3 Court Involved Cases
- 1.4 Newborn Crisis Assessment Cases
- 1.5 Family Assessment and Services Cases

1.1 Preponderance of Evidence Cases

In these cases, treatment services are provided because supportive evidence found during a child abuse/neglect investigation indicated abuse or neglect had occurred or is occurring. The Children's Division worker or unit responsible for providing treatment services receives the "Preponderance of Evidence" case from the child abuse/neglect investigative worker, or unit. In most instances, this will be after the investigation has been completed, but it does not preclude a family from receiving services prior to the completion of the report.

The supervisor shall assign cases with findings of "Preponderance of Evidence" or "unsubstantiated - preventive services indicated" cases within one (1) working day of the CA/N investigation conclusion or receipt of the case from the CA/N Investigation Unit/worker.

The supervisor shall review the CPS-1, if case referral was due to a CA/N investigation/family assessment, arrangements shall be made to conduct an initial face-to-face interview with the family based on the following SDM risk levels;

- High or Very High Risk - within one (1) working day;
- Moderate Risk - within five (5) working days; and
- Low Risk - within ten (10) working days.

If the case referral was not due to a CA/N investigation/family assessment, the supervisor's appraisal of the potential risk to the children and overall family situation will determine when treatment follow-up contact by the social worker is needed. **THIS SHOULD NOT EXCEED TEN (10) WORKING DAYS FROM CASE ASSIGNMENT.**

NOTE: Some family crisis situations may require a joint home visit by the Investigator and Treatment Worker to: 1) ensure the safety of the child(ren); 2) provide a consistent view of the crisis situation; and 3) expedite the provision of treatment services.

In cases of sibling/adolescent sex abuse, Family-Centered Services (FCS) and/or information and referral services to the family will be provided.

It is important to follow up on these referrals so that action is taken with the entire family ensuring that they receive services. There should be involvement of local resources in the community through community team development and intervention.

In situations in which sexual abuse occurs in a foster home, county staff assigned to the child or foster home (as determined by the county office administration) shall ensure that appropriate services are provided to the victim and the abuser in the foster home.

1.2 Preventive Services Cases

In Preventive Services cases, services are provided to prevent child abuse or neglect from occurring. The parent/caretaker must voluntarily seek or accept services. Contact may originate from a child abuse/neglect investigation which was unsubstantiated, however, the family is experiencing problems, which if unresolved, could potentially contribute to abuse/neglect. Self-referrals and referrals from other community sources may also warrant the opening of a preventive services case.

To open a case on these families, all following criteria must exist:

1. The family must be receptive and want services;
2. There must be at least one child under age 18, or there must be an expecting parent;

Related Subject: Chapter 5, of this section, Attachment A, Problem Pregnancy Services.

3. Failure to provide services could result in some identifiable form of abuse or neglect to the child(ren) or the expected child;
4. Services which are requested are necessary, and are unavailable through any other agency or resource;
5. Parents/caretakers do not have the capability to obtain services on their own;
6. The services which are needed are accessible to the county and the family;
and

7. Funding and/or staff are available to provide the services;

NOTE: A priority status based on SDM risk levels is also identified by the CA/N investigator on "unsubstantiated - preventive services indicated" cases. The same time frames in section 1.1 apply.

1.3 Court Involved Cases

In court involved cases, the involvement of the Division has been mandated by the Court. The cases may stem from a CA/N or a non-CA/N referral. **Upon receipt of the court order or ICPC referral, the Children's Service Worker should initiate the family assessment process to evaluate risk factors and determine service needs. If it is determined the family is not an appropriate candidate for Children's Division (CD) services, the court should be requested to release the Division from involvement. If it is determined that ICPC services are not appropriate, the Missouri ICPC coordinator should be informed immediately.** Cases falling into the "court involved" case category include:

- Court ordered services to the family, such as:
 - When the juvenile court orders the children of the family to be placed under the supervision of the Division and/or orders the Division to provide protective social services;
 - When the circuit court grants an ex parte order of protection in behalf of a family to protect them from alleged abuse by an adult household member. The court may refer a family for services provided by the Division. **Missouri Statute 455.520(2), RSMo, requires the Division to provide appropriate social services to the family or household members during which time an order of protection is in effect.**

When a circuit court or a client contacts the local Division office regarding the issuance of an ex parte order of protection, the county director or designee shall:

1. Assess the need for direct and/or purchased services;
2. Determine if purchased services are available;
3. Immediately, verbally inform the court that the Division commits to providing appropriate services, indicating limitations; and
4. Provide the court with a written statement of commitment within five (5) working days from the commitment;

- A circuit court may direct the Division to provide an investigation or fact-finding report on the allegations of an ex parte order of protection petition (granted due to an immediate and present danger of abuse to a child), when those allegations would enable the juvenile court to take jurisdiction of the child, and to provide services.

The reasons outlined in section 211.031, RSMo, by which a juvenile court can take jurisdiction include abuse/neglect by the parent or guardian; the child is without proper care, custody, or support; the child is living in a dwelling which was found by a court to be a public nuisance; the child is repeatedly and without justification absent from school; the child is habitually absent from his home without sufficient cause, permission, or justification; the behavior or associations of the child are injurious to his welfare or to the welfare of others; the child is charged with an offense not classified as criminal or alleged to have violated a state law or municipal ordinance; adoption; or for the commitment of a child to the guardianship of the Department of Social Services as provided by law.

The Division will either conduct a CA/N investigation, if there is a basis for such, or complete a fact-finding report, and file a report with the court and juvenile officer within 30 days. A copy of the report will be provided to the parties to the petition and the Guardian ad Litem (GAL) or Court Appointed Special Advocate (CASA). (RSMo 455.513.1 and 2). The Division shall provide FCS, as appropriate.

Related Subject: Section 2, Chapter 1, Child Abuse/Neglect – Reports Received at CANHU.

- Instances where the circuit court has ordered the Division to supervise child-parent visitation. Usually the court order follows a custody dispute between the child(ren)'s parents. **In these instances, staff shall comply with the order, but explore and attempt to arrange long-term alternatives to Division supervision. A request should be made to the court to rescind the order when other viable arrangements are possible.**

NOTE: Use of the Family-Centered Assessment and Treatment Plan may not be necessary in cases where the circuit court has ordered parent-child visitation and there are no observable treatment needs.

- Interstate Compact on the Placement of Children (ICPC) when a child is/has been placed with his/her parent from another state.

The ICPC is a uniform law enacted by all states and jurisdictions. It establishes orderly procedures for the interstate placement of children and fixes responsibilities for those involved in placing the child(ren). Missouri is a member of the compact. The Division will provide treatment services to families where an out-of-state child, under court jurisdiction, is placed with his/her parents in Missouri.

Related Subject: Section 4, Chapter 25, Interstate Placements (ICPC and ICAMA).

- Status offender situations.

The Division may be ordered to provide services or supervision to a family whose child has been court adjudicated as a status offender. This means the child was charged with an offense not classified as criminal, or with an offense applicable only to children.

NOTE: For purpose of the FCS Case Report (Form SS-63) the "Open Reason" is "A" for court involved cases opened as a result of a CA/N report. The "Open Reason" is "C" if the case is opened due to a court order not related to a CA/N investigation.

1.4 Newborn Crisis Assessment Cases

In these cases, a home assessment is requested by a physician/health care provider prior to releasing a newborn child from the hospital. These are emergency requests from hospitals for drug and non-drug related situations, and involve an infant when personnel have serious concerns about risk to the child upon release from the hospital. Non-drug related referrals will only be accepted by CA/N Hotline Unit for children who are still hospitalized.

1.5 Family Assessment and Services Cases

An initial CPS Screening Classification Form and Protocol, CS-27, is completed by the Child Abuse/Neglect Hotline Unit in response to a report to the Child Abuse/Neglect Hotline. If the report is screened as a Family Assessment, it is forwarded to the local county/circuit where a Family Assessment is conducted using the CPS-1 Child Abuse/Neglect Investigation/Family Assessment Summary and the CPS-1A, Safety Assessment (Part B).

Related Subject: Chapter 3.3, of this section, Implementing the Initial Contacts Within the Family and Chapter 5.2, of this section, Time-Limited Services and Section 2, Chapter 5, Assessment.

Upon completion of the family assessment the supervisor will review the CPS-1, and assure that arrangements are made to conduct an initial face-to-face interview with the family based on the following SDM risk levels;

- High or Very High Risk - within one (1) working day;
- Moderate Risk - within five (5) working days; and
- Low Risk - within ten (10) working days.

NOTE: If the family assessment worker and the FCS treatment worker are different, then some family crisis situations may require a joint home visit to: 1) ensure the safety of the child(ren); 2) provide a consistent view of the crisis situation; and 3) expedite the provision of treatment services.

It is important to follow up on these referrals so that action is taken with the entire family ensuring that they receive services. There should be involvement of local resources in the community through community team development and intervention.

MEMORANDA HISTORY: CS03-51, CD04-79